



Commonwealth of Virginia

Department of Health
Bedding and Upholstered Furniture Inspection
P. O. Box 2448 - Room 638, Richmond, Va 23218
109 Governor Street - Room 638, Richmond, Va 23219

Application for Virginia Bedding and Upholstered Furniture License

CONTACT PERSON:

Area Code and Phone

Area Code and Fax

County

Federal ID Number

EMAIL:

If business or billing name and address information are different from shown, please enter the correct information here:

Business name

Billing name

Street address

Street address

City, State Zip+4

City, State Zip+4

Name of Owner/Partners/Corporation Officers

Address of Owner/Partners/Corporation Officers

Title

National Uniform Registry Number: Manufacturers, Importers, etc. must attach two current law labels if using a registry number issued by another state and attach a copy of the certificate issued by that state. Enter the registry number here.

After the Virginia Registry Number has been assigned, it may be utilized as your Uniform Registry Number if you do not possess a Registry Number from another state.

Specific type of bedding and/or upholstered furniture and where it is manufactured.

Importer information: Name, city, and country of foreign manufacturers. Use back if needed.

Type of License

License Fee

<input type="checkbox"/>	Manufacturer of Bedding (see Notes 1 and 2)	\$100.00
<input type="checkbox"/>	Manufacturer of Upholstered Furniture (see Notes 1 and 2)	\$100.00
<input type="checkbox"/>	Bedding Renovator	\$25.00
<input type="checkbox"/>	Reupholsterer	\$25.00
<input type="checkbox"/>	Supply Dealer	\$25.00
<input type="checkbox"/>	Importer (see Notes 1 and 3)	\$100.00
<input type="checkbox"/>	Distributor (see Notes 1 and 3)	\$100.00

Indicate licenses desired with an X in the applicable blocks and enter the total in the Total remitted block.

Total remitted

I affirm under the penalties of perjury that statements made in this application have been examined by me and to the best of my knowledge and belief are true and correct.

Date:

Print Name

Return this application to the Virginia Department of Health with a check for the amount payable. Please include two copies of Contents Labels, if available. If you have any questions, please contact this office at 1 (804) 864-8147 or Fax 1-(804) 864-8148. Do not staple check to application.



www.vdh.virginia.gov/OEHS/index.asp